



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, PACIFIC TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL.: 587-0460 FAX: 587-0470

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11/28/03

LOBBYIST REGISTRATION FORM

(See back of this form for instructions) STATE OF HAWAII
(Type or Print Clearly) STATE ETHICS COMMISSION

PART I LOBBYIST

NAME(Last)	(First)	(Middle)	TELEPHONE
Horiuchi	Anne	T.	547-5600
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)
P. O. Box 3196	Honolulu	HI	96801
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Goodsill Anderson Quinn & Stifel			547-5600
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)
Same as above.			

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE		
MultiState Associates, Inc. on behalf of U.S. Smokeless Tobacco Co.	703/ 684-1110		
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)
515 King Street, Suite 300	Alexandria	VA	22314
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE		
Paul W. Hallman	703/ 684-1110		
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)
Same as above.			

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input type="checkbox"/> Government Operations & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input checked="" type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input checked="" type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input checked="" type="checkbox"/> Other: (indicate below) Taxation
<input type="checkbox"/> Ecology, Energy, Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

Anne S. Horiuchi

(Signature of Lobbyist)

1/28/03

(Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED		
Paul W. Hallman	President		
NAME OF ORGANIZATION (if applicable)	TELEPHONE		
MultiState Associates, Inc.	703/ 684-1110		
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)
515 King Street, Suite 300	Alexandria	VA	22314
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.			
Paul W. Hallman		1/22/03	
(Signature of Authorizing Officer or Person Represented)		(Date)	